

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5		4				
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47		4				
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51	/	30				
52	/	90				
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99						
100						
TOTAL IND.	6					
TOTAL DEP.	73					
TOTAL CLAIMS	79					

7
3
01

53
5
21
79